



c/o Abco Kovex Building
Swords Business Park
Swords
Co. Dublin
Tel: 0818 286878
0845 601 6556(NI/UK)

TRAVEL INSURANCE CLAIM FORM

1. Personal Details – to be completed for all claims

Webclaim

Title	First Name	Surname	Date of Birth	Occupation

Daytime Contact Telephone No:

Address of person to whom all correspondence should be sent :

Address:

Email Address:

Name of person to whom any claim payments should be made:

Policy Details

Schedule Number: Policy Type: Annual / Short Stay

Issue Date of Policy Excess Waiver Paid YES / NO

Trip Details

Date of Booking	Country Visited
Planned Departure Date	Resort / Town Visited
Planned Return Date	Travel Agent Name
Total No of Days	Travel Agent Phone No

Previous Claims

Have any of the claimants previously made a claim under any travel insurance policy? Yes / No

If "YES" please give details below:

Insurance Co	Date of Claim	Amount of Claim	Type of Claim

Claimant Declaration

The information I/We have given is true. If any of the information I/We have given or any of the information given on my/our behalf is incorrect, I/We understand that you will be able to take away my/our rights under this policy.

I/We understand and give explicit consent that the information I/We provide, including any sensitive information such as my/our health records, will be passed to or used by Travel Claims International/your insurers for my/our insurance. I/We understand that Travel Claims International will retain a computerised record of this claim and that they may release certain information to other insurers or other interested parties. Travel Claims International maintain all data in accordance with the provisions of the Data Protection Act.

Policy Holder must sign. A parent or guardian may sign on behalf of children under 16 years of age.

Name (Please Print)	Signature	Date



Expenses Incurred due to Catastrophe

Following are covered: cost if you are forced to move from pre-booked accommodation as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, medical epidemic or local Government directive:

1. Cause/details of Catastrophe

2. Date of onset Catastrophe

3. Brief description of the cause

4. Details of Expenses incurred

In the table below please detail all medical expenses which you incurred and for which you are claiming:

incurred	Description of Expense	Name of Provider i.e. Accommodation etc	Non-Euro Currency Amount		Have you paid for Expense Yes/No

Total Amount Claimed in Euros:

5. Exchange Rate used to convert non-Euro Currency to Euros

Documents you need to send to Us – Send ORIGINAL DOCUMENTS

1. Original Insurance Certificate.
2. Original Booking Invoice / Travel Tickets
3. Confirmation in writing from the local government or national authority confirming need to leave pre-booked accommodation
4. Original receipts for expenses incurred.